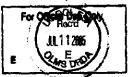
U.S. Department of Labor Office of Labor-Management Stendards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-018 Expires 11-30-2 i06

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY SEFORE PREPARING THIS REPORT.

File Number U - 25/9	2. Flacal Year Covered From:
·	01 / 21 / 300 Through: \$2 / \$1 / 300
Name and address of person filling.	4. Name, file number, and address of labor organization.
LINDA P HARRIS	Nemo PENNSYLVANIA FED. OF TEACHERS
	Labor Organization File Number \$30 - 716
O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any
TOOK TOLL ALPENA ROAD	Street 7816 CHESTNUT ST
" PHILADELPHA	CHILADELPHIA
Inte PA ZIP Code + 4 19/15	State PA ZIP Code + 4 19103
(except as specified in the (r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): h, or derived income or other economic benefit of
(except as specified in the factor of the fa	exclusions set forth in the instructions): h, or derived income or other economic benefit of sizetion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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5. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and eddress of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or Income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name WILLIE, WILLIAMS & DAVIDSON Trade Name, if any: P.O. Box, Bidg., Room No., if any Street II45 WALNUT STREET City Philad Bulkia State DA ZIP Code +4 19108		
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment. \$426,00	